

# Hyde Park Youth Hockey 2010-11 Season Tryout Application

Tryout Fee: **\$150** Mite/Squirt/Peewee/Bantam/Midget

FEE IS DUE FIRST NIGHT OF TRYOUTS. is non-refundable, but is applied to your 2010-11 assessment.

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

2010-11 Tryout Level: ☐ Mite (2002 or younger) ☐ Squirt (2000/2001)  
☐ Peewee (1998/1999) ☐ Bantam (1996/1997)  
☐ Midget (1992 through 1995) **Are you a Goalie?** Yes ☐ No ☐

09/10 Hockey Club (if other than Hyde Park) \_\_\_\_\_

Names of siblings in program: \_\_\_\_\_

Hyde Park Youth Hockey welcomes and encourages participation of all family members!

Are you interested in: ☐ Coaching ☐ Team Coordinator ☐ Snack Bar  
☐ Fundraising ☐ Team Sponsorship ☐ Special Events  
☐ Other \_\_\_\_\_

*Projected 2010/2011 total Travel Team Assessment and Payment Schedule:*

**\$425\* Midget**

**\$775\* Mite/Squirt/Peewee/Bantam**

\*Hyde Park Youth Hockey offers goalie and sibling discounts.  
Assessments subject to change and will be finalized by first invoice mailing.

***1st payment due June 15, 2010***

***2nd payment due July 15, 2010***

***Final payment due August 15, 2010***

**REQUIRED FOR THE 2010/11 SEASON PER USA HOCKEY: ALL PLAYERS AND COACHES MUST SELF-REGISTER WITH USA HOCKEY AND PAY THE USA HOCKEY/MASS HOCKEY REGISTRATION FEE ONLINE.** *USA Hockey registration is MANDATORY for ALL on-ice participants and cannot be done by HPYH. Your USA Hockey confirmation number will need to be provided to HPYH prior to stepping on the ice next season. The 2010/11 USA Hockey Online Registration opens **April 1, 2010**. DO NOT register with USA Hockey before this date. This process will also register you with Mass Hockey.*

Party responsible for assessment payment: \_\_\_\_\_

Signature of responsible party: \_\_\_\_\_

*Signing this document denotes understanding of responsibility to pay all costs associated with participation in HPYH's 2010-11 season.*

**Would you like to receive your invoices by email?** Yes ☐ No ☐

*To be completed by HPYH Registration*

Tryout #: \_\_\_\_\_

Past Assess. Due: \$ \_\_\_\_\_

10/11 Tryout Fee: \$ \_\_\_\_\_

**Total Paid: \$** \_\_\_\_\_

Check #: \_\_\_\_\_ CC Payment \_\_\_\_\_ Cash \_\_\_\_\_

Date: \_\_\_\_\_ Received By: \_\_\_\_\_

Notes:

# Hyde Park Youth Hockey 2010-11 Participant Code of Conduct Agreement

In accordance with:



As a participant in Hyde Park Youth Hockey I agree to:

- Play for fun
- Work hard to improve my skills
- Be a team player — get along with my teammates
- Learn teamwork, sportsmanship and discipline
- Be on time for practices and games
- Learn the rules and play by them. Always be a good sport.
- Never argue with an official's decision. If I receive a penalty, I will skate directly to the penalty box.
- Respect my coach, teammates, parents, opponents and officials.
- I will not swear, use abusive language, or fight on the bench, on the ice, in my rink or any other rink, and at any team function.
- I understand that drinking, smoking, chewing of tobacco, or the use of illegal substances at any team function are prohibited.
- I understand if I violate or do not abide by these rules, I will be subject to disciplinary action.

By signing this document, I agree to uphold the Hyde Park Youth Hockey Code of Conduct that is in direct accordance with the standards of USA Hockey, MASS Hockey and the GBYHL:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **USA Hockey's Core Values:**

**SPORTSMANSHIP** Foremost of all values is to learn a sense of fair play. Become humble in victory, gracious in defeat. We will foster friendship with teammates and opponents alike.

**RESPECT FOR THE INDIVIDUAL** Treat all others as you expect to be treated.

**INTEGRITY** We seek to foster honesty and fair play beyond mere strict interpretation of the rules and regulations of the game.

**PURSUIT OF EXCELLENCE AT THE INDIVIDUAL, TEAM AND ORGANIZATIONAL LEVELS** Each member of the organization, whether player, volunteer or staff, should seek to perform each aspect of the game to the highest level of his or her ability.

**ENJOYMENT** It is important for the hockey experience to be fun, satisfying and rewarding for all participants.

**LOYALTY** We aspire to teach loyalty to the ideals and fellow members of the sport of hockey.

**TEAMWORK** We value the strength of learning to work together. The use of teamwork is reinforced and rewarded by success in the hockey experience.

# Hyde Park Youth Hockey 2010-11 Parent/Spectator Code of Conduct Agreement

In accordance with:



As a Parent/Spectator in Hyde Park Youth Hockey I agree to:

- Not force my child to participate in hockey.
- Encourage my child to play by the rules and resolve conflict without resorting to hostility or violence.
- Know and study the rules of the game and support the officials on and off the ice.
- Encourage my child to play in a manner consistent with the team's strategy or plans.
- Emphasize skill development and a serious approach to practices.
- Recognize the importance of volunteers who give their time to hockey for my child.
- Remember that my child plays hockey for his or her enjoyment, not mine.
- Display good sportsmanship. Always respect players, coaches and officials.
- Act appropriately: do not taunt or disturb other fans; enjoy the game together.
- Cheer good plays of all participants; avoid booing opponents.
- Cheer in a positive manner and encourage fair play.
- Not lean over or pound on the glass; the glass surrounding the ice surface is part of the playing area.
- Support the referees and coaches by trusting their judgment and integrity.
- Be alert to prevent accidents from flying pucks and other avoidable situations.
- Respect locker rooms as private areas for players, coaches and officials.
- Be supportive after the game. Win or lose, recognize good effort, teamwork and sportsmanship.

By signing this document, I agree to uphold the Hyde Park Youth Hockey Code of Conduct that is in direct accordance with the standards of USA Hockey, MASS Hockey and the GBYHL. I understand if I do not follow this Code of Conduct, I may be asked to leave the league activity or I may be asked to withdraw my child from the league:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Player's Team: \_\_\_\_\_



## USA HOCKEY

### CONSENT TO TREAT

This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in USA Hockey sanctioned events.

If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signed: \_\_\_\_\_

(parent/guardian)

Relationship to Athlete: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details call Jay Bernard at 1-800-486-6880.

(over, please)

# MEDICAL HISTORY FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

## PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

### Check One

Head injury (concussion, skull fracture)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convulsions/epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neck or back injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
specify: _____		

Injuries to:

Shoulder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ankle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fingers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____		

Impaired vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impaired hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____		

Have you had a recent tetanus booster? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ What? Why? \_\_\_\_\_

Has the doctor placed any restrictions on your activity? \_\_\_\_\_ Explain \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Athlete)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent)